The PREVENTION CONNECTION
NEWSLETTER

Montana's Grandfamilies

—Bethany Letiecq, Ph.D.

At the time of the 2000 Census, 9,526 Montana children were living in grandparent-headed households and another 2,381 children were living with relatives. Most of these families form as a result of parental crises. Parents struggling with substance abuse, alcoholism, financial difficulties, and/or mental illness (among other issues) may be unable or unfit to rear their children, necessitating intervention by kin or the child welfare system. Depending on the circumstances leading up to grandparent's or other relative's involvement, kin caregivers may or may not have legal authority over the children in their care and may or may not be eligible for state-based financial assistance and supportive services.

Typically there are two pathways to kin involvement. First, kin may be asked, or will volunteer to, take in a child who has been abused or neglected and is in the custody of the child welfare system. In these cases, the grandparents or relatives enter the system as formal kinship caregivers. These "grandfamilies" may pursue foster care licensure, which would enable them to access certain services and financial assistance that the state provides to foster care families. Licensure would also make them eligible for the subsidized guardianship program.

If kinship caregivers choose not to pursue foster care licensure, they will not be eligible for many support services or the same level of financial assistance as their licensed counterparts. The lack of services and financial support can lead to hardships for families. On the other hand, unlicensed kinship caregivers are supervised less frequently by the child welfare system than are licensed foster care families, which can be a less intrusive experience for families.

The second pathway to kin caregiving is much more common and does not involve the child welfare system. Most grandparents and other relatives take on the surrogate parental role through family intervention. In many cases, kin "intervene" by agreeing to take in children who have been dropped off at their homes by parents who are either unable or unwilling to provide care. The circumstances may vary, but the commonality is that because kin intervene without child welfare involvement, grandfamilies may have few if any legal rights over the children in their care. Establishing such rights can be difficult without parent cooperation.

Such ambiguous legal circumstances can create significant challenges for kin caregivers outside the child welfare system. For example, a substance abusing parent who dropped a child off at grandma's house two months ago may show up at any time to take the child back (regardless of her level of sobriety). This is the parent's right. The grandparent in this case has virtually no legal recourse to keep the child under her care and supervision. The grandparent may be hesitant to file a report with child welfare because she may not wish to formally accuse her own child of child maltreatment.

Another challenge likely to arise among grandfamilies outside the child welfare system is their ability to make medical or educational decisions on behalf of children in their care. Without custody or legal guardianship, kin may be challenged when trying to enroll children in school or to have children immunized.

Continued on Page 3

Parenting and Families

The Vicki Column

—There are only two lasting bequests we can hope to give our children. One of these is roots, the other, wings. —Hodding Carter

There is nothing more difficult than parenting, and nothing more important than family. This may be the most universal issue we've done in a long time, because parenting and family impacts each of us, while remaining as individual as a fingerprint. We've tried to capture and highlight some of the parenting and family trends, challenges and configurations as well as some best practices and strategies. In putting this issue together, we realized that we could write volumes on this topic.

Research underlines the importance of sharing family meals, communicating, playing with our children and providing them with healthy role models. If that sounds easy, it's not. As a mom, I often wonder how to create a balance between raising responsible, independent thinkers . . . and handing over control of the household. After a long day at the office, it's certainly *easier* to abdicate the television, the menu and bedtime for the sake of peace. With five-year-old children, these concessions might seem the easy way out. By the time kids hit 13 or 15, handing over control for the sake of peace can (and often *does*) prove disastrous.

It's critical that we learn to provide freedom within the parameters of clear boundaries and expectations. This leads to one of the most painful conundrums of parenting: you can't guarantee your children's safety because the greatest dangers they face rise from the inescapable fact that kids will be kids. They *will* challenge authority, make mistakes and take risks.

The line between letting kids take safe risks and helping them cross boundaries can be a fine one. Despite extensive brain research detailing the destructive effects of alcohol on the developing brain, we sometimes still hear parents say that they're being *responsible* by exchanging kids' keys for drinks in the backyard. That's crossing a boundary that can cause irreparable harm.

Family has been defined as *parents and their children, considered as a group, whether dwelling together or not*. When it works, it's magical. Unfortunately, there are no roadmaps—we're all feeling our way in the dark.

Erma Bombeck once said family is a "*strange little band of characters trudging through life sharing diseases and toothpaste, coveting one another's desserts, hiding shampoo, borrowing money, locking each other out of our rooms, inflicting pain and kissing to heal it in the same instant, loving, laughing, defending, and trying to figure out the common thread that bound us all together*." I'm not sure what the common thread is. I do know that the loving, laughing, defending, sharing, kissing and healing are what ultimately become our roots . . . and our wings.

Montana Prevention Resource Center
P.O. Box 4210
Helena, MT 59604
Web Site: www.prevention.mt.gov

Director
Vicki Turner
(406) 444-3484
vturner@mt.gov

VISTA Leaders
Tiffany Roman
406-444-3925
troman@mt.gov

Athena Schritz
(406) 444-9655
aschritz@mt.gov

PRC Technician
(406) 444-9654

The Prevention Connection

Sherrie Downing
Editor
(406) 443-0580
Fax: (406) 443-0869
E-mail: DowningSL@bresnan.net
www.sherriedowning.com

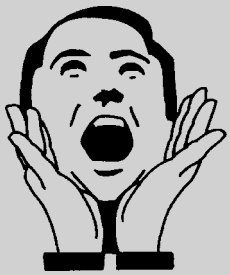
Karen von Arx Smock
KD Graphics
Freelance Design & Production
Phone/fax: (507) 894-6342
E-mail: kdgrafix@acegroup.cc

Receiving duplicate copies?

Please help us eliminate unwanted or duplicate mailings by correcting and returning the mailing address listed or by contacting us with the number listed above your mailing address. Thank you!
Phone: 406-444-3484
E-mail: vturner@mt.gov

Need extra copies?

Please feel free to make copies or to download and print the Prevention Connection at prevention.mt.gov.



Calling All Readers!

We are collecting information about your ideas for upcoming issues of the Prevention Connection, Montana's signature prevention journal. Please tell us what you would find helpful in upcoming issues.

We have several ideas, including Alcohol, Economic Development, Homelessness, the School and Community Domains, the Individual and Family Domains, Juvenile Justice, Mentoring and Out-of-School Time Programs, Integrating Faith-based Efforts, and Montana's VISTA programs. We're also open to other suggestions.

Please go online and let us know what you would like to see: www.surveymonkey.com/s.asp?u=506782816931. **Take the 5-minute survey. We'll let you know what we've learned in our February issue.**

Montana's Grandfamilies

Continued from cover

In addition, many grandfamilies outside the child welfare system are not eligible for the same services and financial assistance as similarly situated grandfamilies within the system. However, children in their care likely are eligible for TANF child-only grants and Medicaid. Both of these programs consider only the earnings of the child and do not take grandparents' or relatives' income into consideration. These programs have been essential as many kin caregivers did not expect to be raising related children. Indeed, the financial burdens of parenting the "second time around" on a fixed or limited income have placed many grandfamilies in a financial bind.

Many state legislatures have begun to take note of the tenuous circumstances faced by grandfamilies rearing children outside the child welfare system. Thus, many states have implemented medical and educational consent laws that give grandparents and other relatives legal authority to make medical and educational decisions on behalf of children in their care. Currently, the Montana legislature has drafted two bills that would likewise give kin caregivers medical and educational decision-making authority. The legislature has also drafted a bill to grant kin caregivers temporary custody of children under certain circumstances. These pieces of legislation, if passed, will likely ease some of the challenges faced by these families. For more information on the proposed legislation or about grandfamilies, contact the Montana Grandparents Raising Grandchildren Project at 406-994-3395 or via email at grg@montana.edu.

—Bethany Letiecq, Ph.D., is an assistant professor in the Department of Health and Human Development at Montana State University.

Notes from the Edge

—Kathy McNeill

I have been parenting my grandson, CJ, since he was two. He's now a wonderful young man of 14, who likes video games. He's loving, caring and easy to get along with. He is doing very well in school and hasn't been a discipline problem. Our bond is very special. I appreciate this chance to form this relationship with my grandson, to be with him, and to really know him.

My daughter, CJ's mother, married very young, moved to the Midwest, then split up with her husband right after CJ was born. She tried to make it on her own, but it didn't work out. When CJ was 15 months old, they came home to Helena. Like a lot of young people, she ran into personal difficulties that eventually spiraled into some trouble with the law. Child and Family Services Division got involved and placed CJ with me. My daughter was placed on a treatment program. When she didn't complete her program, I received guardianship of CJ until he turns 18.

At first, all of this made my relationship with my daughter difficult. Sometimes, looking back, I think that if I'd adopted CJ at the beginning, the situation might have been easier. It certainly would have been more clear-cut. Either way, it came down to doing the best thing for CJ. That meant—and continues to mean—offering him permanency and stability.

We've been lucky. My daughter has been able to remain in CJ's life. For the most part, it's been positive and it's only gotten better as he's gotten older. He sees her on a regular basis. She recently had a baby girl and CJ loves his little sister. My relationship with my daughter is much better now.

When CJ first came to live with me, one of the biggest challenges was childcare, but I got lucky and found a wonderful family daycare. He's still close with that whole family. It was also a big adjustment having a two-year-old in the house. Just having energy enough to keeping up with him was a challenge. As a single parent, another challenge was that my son, Michael, and daughter, Jami, were cast into the "other parent" role while they were still in their teens. They are still very much in CJ's life and are much more than just an aunt and uncle to him.

There are other differences in parenting the second time around. I'm more relaxed. Instead of lecturing about a messy bedroom on a daily basis, I only periodically get uptight about it. If he wants to sleep on the couch, that's fine with me. These days I have a better perspective on what's important and what isn't.

But times are also different. These are more challenging times, and kids face greater risks. When he was smaller, he wasn't able to ride his bike around town like my older kids. I still get nervous when he and his friends are out. I still struggle with keeping him safe.

Overall, even with all the challenges, I feel blessed. Blessed in my relationship with CJ and with my older children. Blessed that I've been given a second chance to parent. What an adventure!

Grandparents Raising Grandchildren In Montana:

- *9,526 children are living in grandparent-headed households (4.1% of all children in the state).*
- *Another 2,381 children live in households headed by other relatives (1% of all children in the state).*
- *Of the children living in households headed by grandparents or other relatives, 5,161 are there without either parent present.*

Source: http://assets.aarp.org/rgcenter/general/kinship_care_2005_mt.pdf

Great Links

- *A list of links: www.firstgov.gov/Topics/Grandparents.shtml*
- *Grandparenting: www.aarp.org/families/grandparents/*

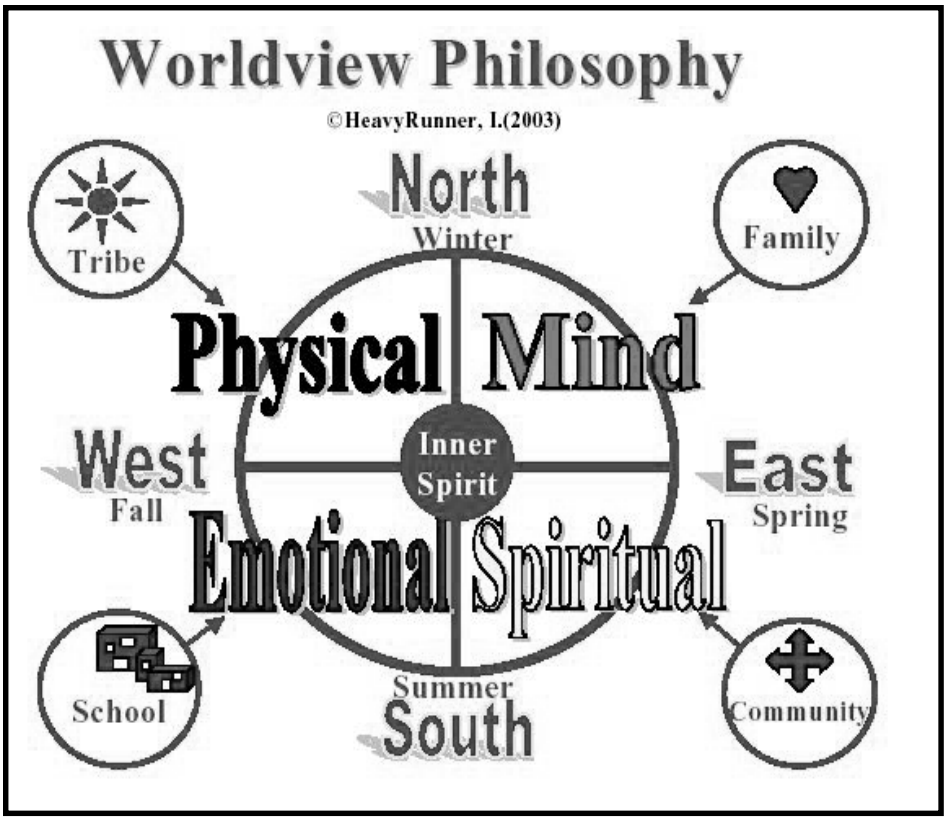
Cultural Resilience and Family

—Iris PrettyPaint, M.S.W., Ph.C.

—Resilience is not a new concept to our people. In fact, it's an ancient principle in our philosophy of life. This principle teaches us to stand strong, to try hard and to never give up hope. Our worldview is the lens through which we learn how to nurture, protect and dream for the future. —Iris PrettyPaint

Every indigenous language has a word that means *resilience. Wacan Tognaka* means *strong will* in the Lakota tradition. *Wan nah igh mash jah* translates to *strong mind* in Ho-Chunk. And *Pi saats si kaa moo taan* translates to *miracle survivors* in Blackfoot. If you want to understand cultural resilience, just look at the Native American culture as a whole. Our ability to survive 500 years of oppression is the heart and soul of *Cultural Resilience*.

There are several essential cultural factors that nurture, encourage and support Indian students, families and communities. They include spirituality, family, elders, ceremonial rituals, oral traditions, tribal identity, and support networks. Some are innate and internal, some are external, but all assist individuals as they tap into their natural common sense and wisdom. Aligning with our tribal identity is also a strong protective factor—our Indian names provide us with a sense of belonging . . . our language is key to our understanding of who we are and where we come from. Our traditional values of knowing what is important (and what isn't) also offers strength and insight. Finally, spirituality serves as the cornerstone of our survival through generations of adversity and oppression. Spirituality rises from our interconnectedness with one another, knowledge of the sacredness of the inner spirit, our ability to nurture and renew ourselves through prayer and to achieve balance and harmony through awareness.



Resilience is the natural, human capacity to navigate life well, and it is something every human being has. It means coming to know how you think, who you are spiritually, where you come from and where you are going. The key is learning how to utilize innate strength to cope with the world, and to find a sense of direction through an understanding of your own vision of success.

Resilience is something you're born with, not something that someone else gives you. Earlier research on resilience said that some children have it, and some don't. Current thought holds that all kids are resilient. Some families are good at tapping into it and bringing it out in their children, some struggle. Our job is to help families bring out the resilience in their children.

So how can Indian parents tap into the cultural resilience of their children?

Creating an environment that fosters resilience is a very effective approach. One of the best strategies builds on the strengths of children rather than focusing on their deficits. As a parent, I need to ask myself, *What is it that makes my child strong? What unique strengths does he/she have?* This starts with beginning to identify strengths rather than focusing on what children do not have. The next step is to begin building strategies from those strengths.

This can be a paradigm shift for parents because they've often been conditioned to focus on problems. Making a paradigm shift means being conscious of how they engage their children, and paying attention to how they talk to them. Communicating high expectations is a learned skill. Good communication with our children begins when we start thinking from the perspective of the child. Parents can learn how to get down to the age of a child, then grow with the child—in other words, to meet the child at his or her developmental level.

This can be nearly effortless if the parent learns to tap into his/her own resilience and to reach out to the child from the basis of personal strengths. This is not a matter of teaching a skill. If we can create the right environment for parents, they realize that they already know how to do this and that it's there, but they haven't tapped into it.

Continued on Page 5

Cultural Resilience and Family

Continued from Page 4

This is true for all children and for all parents—Native and non-Native.

For Native parents, it is crucial to learn to recognize the cultural activities that nurture their children. That goes hand in hand with the environment. In our cultures, there is common ground in many of our activities. Eating with family is very important—we know that it strengthens relationships when we use it to our advantage. We pray for the food. We pay attention to the people making the food. There is a common purpose—and it gives us an opportunity to talk with each other. It gives children the opportunity to watch how people do things together. On another level, community feasts bring *everyone* together. These are common, everyday events, but they are important. We need to learn to look for those things that we can do together, and in practicing these things, we need to learn about and draw from the child's individual strengths. Everything we do as a family and as a community should be an opportunity to encourage talents. One good example of a community event is the Powwow. There we are all together, and yet each of us does something different there. This is true in everything we do. No matter if we start with the same supplies and the intent to make the same things. Each of us will still create something unique.

> ***"To build something worthwhile that is lasting, whether as an individual or a community, one must have a working philosophy that allows one to dream and envision a better future."*** **—Benham & Stein, The Renaissance of American Indian Education: Capturing the Dream, 2003.**

Cultures change over time. Because in our culture, we have lived under oppression, our children are often put in situations in which where they haven't had the opportunity to grow up with the knowledge of their elders. This puts them at a disadvantage. Even so, many find their way back. I've heard many people say that they were born away from the Reservation, and grew up in the city . . . that they've gone through phases when they didn't believe it was good to be Native. Many say they've tried their best to assimilate, and yet always felt that something was missing.

Human beings cannot be compartmentalized. Our spirituality cannot be compartmentalized. It's woven throughout everything we do. That's the challenge and the opportunity. The challenge is making the paradigm shift—the opportunity is to give children meaningful ways to participate in their families and communities. They can attend an event, but they have to *participate* or it isn't the same thing. That's how you get children to recognize the value of trying something for the first time.

The earlier this happens and the more clearly it can be described to parents, the faster they get it. Life, learning and growth are all processes of introduction. Introduction is followed by realization, and then realization must be reinforced. Finally, there must be opportunities for children and their parents to come back and to share their stories and experiences.

This is prevention, and it leads to real outcomes. People's lives change dramatically when they tap into their own resilience. Afterward they never go back to doing things they way they did before. Resilience . . . persistence . . . not giving up—all equate to the same thing. *Miracle survivors* is the Blackfoot language's interpretation of resilience. Ultimately cultural resilience becomes the theoretical framework for the family, for the individual, for survival and for success.

To learn more, visit the University of Montana UM PACE Partnership for Comprehensive Equity website at http://pace.dbs.umt.edu or http://pace.dbs.umt.edu/WISPages/PrettyPaint.htm.

It is an honor to share this information on cultural resilience from Iris PrettyPaint. She is a Ph.D. candidate in Social Work and Co-Director for Research Opportunities in Science for Native Americans (ROSNA) at the University of Montana. She is an enrolled member of the Blackfeet Tribe in Browning, Montana. She is a 1999 Bush Leadership Fellow, and has served as the Interim Academic Vice President at Fort Peck Community College. From 1997 to 2003 she served as Project Coordinator for the W.K. Kellogg Family Collaborative that developed a family-centered retention model for Tribal Colleges and Universities. She also served as Director of the Twin Cities Healthy Nations Project that assisted in the development of prevention strategies for the Twin Cities American Indian community. She has been selected, for five years, as a National Institute for Native Leadership in Higher Education (NINLHE) Training Fellow, an Emerging Scholar for the W.K. Kellogg Native American Higher Education Initiative (NAHEI), 1996 Department of Education Faculty Development Fellow, and a 1994 Bush Advanced Child Welfare Scholar.

Parenting in a Good Way

—Jillene Joseph

Native wellness is . . . A traditional model to guide us along a path of Balance. A holistic and integrated approach in the way we live our lives. The four directions of wellness are: physical, mental, emotional and spiritual. Striving for wellness depends on your potential for personal growth. Native Wellness embraces the teaching of our ancestors, living life in balance and with respect.

Our Ancestors

As Native people, we have a rich history filled with examples of how our ancestors parented. We know it was positive. We know our children were honored. We know our children were well cared for. Our stories, languages, ceremonies and attention to detail on children's clothing, toys, cradleboards and tipi's depict a great love and caring attitude toward our children. Gifts from the Creator they certainly were.

Generation after generation we learned to parent by watching, then doing. *Where did you learn to parent?*

Our Broken Indian Worlds

We know too well the after effects of loss and destruction of land, language and culture . . . of termination, disease, the early boarding school years and relocation. And if that wasn't enough, the scars of racism, discrimination and oppression have embedded themselves in the heart and soul of every Indian community. We know these historic traumas so well we have allowed them to play out in current times. Now we know too well the effects of alcoholism, drug addiction, drama, violence, gossip and backstabbing.

And for the children, we now have child abuse prevention, single parent homes, divorce, adoption, foster care, boarding schools and group homes. *What kind of parent do you want to be?*

Resiliency and Moving Forward

Tribes, families and individuals for many years have strived to ease the painful memories of our distant past by embracing the hurt, dealing with it, healing in a good way and moving on. Many success stories are bringing pride and hope to Indian Country. The ability to move forward is often due to our resiliency as a people and our resiliency as a family. Our ancestors dealt with adversity and change by being positive, productive and proactive. Balance was achieved and maintained through ceremony, humor, generosity, hard work, gatherings and respect for all living things.

Our children sometimes need to heal and move forward as well. *What are you modeling and teaching your children?*

Parenting in a Good Way

Every parent has the responsibility of providing the basics for their children—food, clothing, shelter and safety. Unconditional love and nurturing are needed as well. Native parents have further responsibilities. We must teach our children what it means to be Indian. Teach them about our families and tribal histories. Teach them the songs, dances and traditions of our people. We must give them their Indian names and help them create their self-identity as an Indian person. By doing this we are developing their self-esteem and sense of belonging. We are filling their "back packs of life" with resiliency factors that hopefully, they will continue to pass on to the next generation.

Our children are gifts from the Creator. *What are you doing to honor this gift?*

—Jillene Joseph carries the Indian name of Small Woman and is an enrolled member of the Gros Ventre Tribe from Ft. Belknap, Montana. She is a single mother raising four children and resides in Oregon where she directs the Native Wellness Institute—a national, non-profit organization serving Indian tribes and organizations throughout North America. For more information, visit www.nativewellness.com.

The mission of the Native Wellness Institute is to promote the well-being of Native people through programs & trainings embracing the traditions of our ancestors.

Check out www.nativewellness.com and learn about the "Four Thousand from the Four Directions," a set of four FREE regional wellness gatherings scheduled for 2007!

Is Native Parenting Different?

—Irene Lake

As I sat down to write this article, I asked myself if Native American families parent differently than other races do. I concluded that *all* children need love, security, healthy boundaries, chances to learn and discover themselves in a well-balanced, consistent environment. So where are the differences?

Native people have had a different history then the rest of the nation—a history of abuse, neglect, poverty, addiction and boarding schools. This resulted in a lot of losses for Native families. These include loss of language, loss of Native spirituality, loss of parenting skills, loss of family identity and many other losses. Native families who have survived this history with minimal damage are able to provide healthy parenting, and to raise happy, well-adjusted Indian children.

We parent the way we *were* parented. Great-grandparents, grandparents and some parents among our people were raised in boarding school environments where there was little nurturing or love and a great deal of emotional and physical discipline. The loss that parents felt when their children were taken from them for months at a time, and the loss suffered by children separated from the parents who had loved and protected them has had profound effect on subsequent generations of Native people. The history of boarding schools and resulting loss of parenting skills must be addressed in Native country if we are ever to correct the dysfunction seen in some families.

Ask yourself: *How would I feel if my children had been taken from me without my permission or understanding, and with the idea that a government or religious school would be a better environment for them?*

Children who are parented without love, nurturing and consistency learn to parent the same way. People who have not had healthy relationships with their caregivers find it difficult to build relationships with their own children, even though learning to do so is the single most important skill that adults must develop. Cooing, talking, reading, playing on the floor, consistent naptimes, bedtimes and mealtimes are important in the journey of raising children and of building healthy relationships with them. Unfortunately, setting boundaries, enjoying family time, helping children develop there own unique skills and sense of *Self* do not always come naturally. Although much of this sounds simple, in practice, they can be difficult skills to learn, especially for those who have never experienced healthy parenting themselves.

History has provided Native families with unique challenges. Native families that accept and understand those challenges grow into healthy, happy Native families. There are many healthy Indian families, headed by wonderful parents raising well-adjusted, happy, and well-educated Native children who carry strong values, a good sense of culture and sense of Self with them into the future.

All healthy parents model cultural values to their children. Culture is integrated with parenting whether it is a Native culture, religious culture or a spiritual culture. When pieces of family identity are lost, it takes a concentrated effort to reincorporate them. The extended family tends to be a big part of Indian life. Where extended family has broken down due to divorce, foster care or boarding schools, young parents often find themselves struggling to meet children's needs. When grandparents and extended family are strong, parents are strong, and children grow strong as well.

—Irene Lake has three children enrolled in the Salish Kootenai Tribe. She has a BA in Social Work from the University of Montana and an honorary degree in Native American Studies from Salish Kootenai College. She has taught parenting classes for 25 years and was program manager of the tribally sponsored Protect Our Children Project, a program focused on prevention of child abuse and neglect. She is currently employed in St. Ignatius by the University of New Mexico, as a researcher and site manager of Healthy Beginnings, a project that focuses on the prevention of fetal alcohol spectrum disorders. Ms. Lake also serves on the statewide Fetal Alcohol Spectrum Disorders Task Force.

Building Blocks for a Healthy Future

This is an excellent resource for the parents and caregivers children between the ages of 3 and 6, as well as for children and educators. The Parents section is organized around six main topics to help parents teach their children how to make positive, healthy choices.

1. *Good talking, good listening: Establish and maintain good communication.*
2. *Time with kids: Get involved and stay involved in the child's life.*
3. *Living with rules: Make clear rules and enforce them with consistency and appropriate consequences.*
4. *Walk the walk: Be a positive role model.*
5. *Kids with kids: Teach the child to choose friends wisely.*
6. *Show and tell: Monitor the child's activities.*

For more information, visit www.bblocks.samhsa.gov

Young Fathers: *Overlooked and Underserved*

—Naomi Thornton

In Fiscal Year 2005-06, Futures provided services to 104 young parents (76 mothers and 28 fathers) and their 91 infants and toddlers. Services include intensive and secondary case management, parent education, group activities, educational/career counseling, and family activities. Services are provided through home visits, at the Teen Family Resource Center and group meetings. Futures also provides leadership opportunities and training for teen parents. There are no fees for services and child care and transportation are provided.

Futures has gained recognition for its success in outreach to young fathers. In 2002, the Montana State Head Start Collaboration invited Futures to be involved in planning and presenting at Montana's first Fatherhood Summit. The Young Father Advocate presented on "The Importance of Early Contact and Bonding for Fathers and Their Children" and was a panel participant along with the Futures Program Director in a discussion about developing father-friendly services. Since then, Futures Young Father Advocate has also provided consultation and group facilitation to local agencies interested in improving outreach to fathers.

Futures, a Missoula-based program of Women's Opportunity and Resource Development, Inc., has worked with and on behalf of teenage parents for the past 17 years. Over 100 pregnant or parenting youth voluntarily enroll in the program each year. *Futures* is open to all teen parents whether they are in school or have dropped out, and provides comprehensive programming through age 21.

In 1999, *Futures* made a decision to focus on the needs of young fathers. Even though *Futures* had always been open to teen dads, the number of dads enrolled remained low. Most often a dad came into the program as part of a couple, but if the couple broke up, it was difficult to keep dads engaged. In 2000, *Futures* received a grant to pilot *Young Father Outreach and Prevention Services*. Changes such as hiring a male outreach worker, establishing a drop-in Teen Family Resource Center, and developing services designed to attract young men, more than tripled the enrollment of young fathers. With these programmatic changes, the number of fathers participating has remained level even though the grant ended; dads now represent one-third of the total program enrollment.

Many young fathers enrolling in *Futures* are part of a *fragile family*, defined by the National Conference of State Legislators as: "families that include low-income, unwed fathers who are in a committed relationship with their child's mother and who are usually providing some informal support, even though they have little or no resources." Others are fathers who want to be involved with their children but face significant barriers due to stormy relationships with the mother or her family. Over the past two years, we have also seen more fathers in the role of custodial parent due to the increased numbers of mothers addicted to methamphetamine.

Our experience to date has convinced us that there is a unique opportunity in working with teenage and young fathers as they attempt to transition all at once to adulthood and fatherhood. Obviously there are profound challenges to each of these tasks, often compounded by histories of childhood abuse, trauma, neighborhood violence or economic deprivation. More often than not, these young men have absent fathers themselves, and many lack positive role models for parenting and becoming a man. Most have the desire to be good parents and will use services that are designed to meet their needs. Our work with young fathers over the past six years has been particularly rewarding. Many fathers in our program are surprised that someone would care how they feel about being a father. They speak of feeling discounted during appointments with social service or medical providers because many do not make the effort to elicit their input, or even to directly address them.

Young fathers remain an under-researched and underserved population, even though teen fatherhood has many of the same negative impacts and developmental consequences for young men and their children as those for teen mothers. The lack of research about young fathers has been partially attributed to assumptions that they are unfit or unwilling to take an active parenting role. These assumptions are compounded by the facts that teen mothers make up the far greater percentage of adolescent parents and that engaging teen fathers can be a challenge due to their distrust of authority or fear of legal and social repercussions. As a result, young fathers have not had the same level of parenting support as teen mothers. And yet they are dealing with many of the same complex issues—including homelessness, lack of education and job skills, family violence, and lack of role models for healthy relationships and positive parenting.

Recent studies have shown a link between teenage paternity and other high-risk behaviors such as criminal misbehavior, school failure, and drug or alcohol use. In fact, frequent drug use and involvement in delinquency have been shown to significantly increase the risk of teen fatherhood. Data collected from the 28 fathers enrolled in *Futures* last year reflect these risk factors and more: 68 percent had already dropped out of school at the time of

Continued on Page 9

Young Fathers

Continued from Page 8

enrollment: 43% received special education services while attending school; 98% were very low income; 64% reported problems with drugs or alcohol; 54% reported experiencing abuse as a child; 21% had been in foster care; and 75% were currently involved in the criminal justice system. In addition, despite an average age of 19, 25 percent reported having fathered more than one child.

Fathers who lack job skills and financial resources are less likely to stay involved with their children. This may be due to the emphasis society puts on the role of fathers as breadwinners. Young fathers who lack resources may avoid feelings of failure by avoiding involvement with their children. Studies have shown that when non-custodial fathers can provide financially for their children, they remain more involved, even when they don't live in the home. They may also be more inclined to marry or remain in a committed relationship with the mother of their children. Conversely, unemployed or underemployed fathers tend to limit their involvement, to be inconsistent or to withdraw from their children.

Teen fathers have lower levels of educational attainment and earn 10-15 percent less than teens who aren't parents.

There is a window of opportunity for young fathers to form a strong bond with their children in the first year. But when faced with all the difficulties discussed above and coupled with low self-esteem and lack of confidence in their parenting abilities, young fathers who do not live with the mothers often withdraw if they do not have additional support. The reality is that 8 out of 10 teen fathers do not marry the mother of their children.

Research indicates that children who have quality interaction with fathers *and* mothers fare better on a number of developmental measures. Some of the benefits are economic, as non-custodial dads are more likely to pay child-support when involved in their children's lives, but studies also show that quality father involvement improves babies' abilities to handle stress, enhances developmental scores in the first six months of life, and improves school performance and self-esteem for older children.

All of these factors underline the importance of connecting with young fathers at this critical time to help them address potential barriers to economic security, healthy co-parenting relationships, and shared responsibility for the care and nurturance of young children. Programs should include a focus on educational goals, employment and job skills, access to custody and child support information, and family planning, as well as parenting information, in order to help dads stay involved. Although we have long recognized the need to support young mothers to improve outcomes for their children, we are finally seeing the benefits for children when we reach out to young fathers.

—Naomi Thornton, BSW, is the Program Director of Futures and several other programs at Women's Opportunity and Resource Development, Inc. (WORD) in Missoula. She can be reached at 406-543-3550, extension 29 or futures@wordinc.org. To learn more about WORD visit www.wordinc.org.

Talk Early, Talk Often

—Katharine Thompson

Almost every day, I talk with my young children about the basics: brushing and flossing, drinking milk, saying *please* and *thank you*. These are all issues of basic health and social interaction that healthy people need to know and to utilize in their daily lives. And even though these are fundamentals (or maybe *because* these are fundamentals), children need regular reminders as to why it is important to floss and how milk makes their bones grow strong . . . and that saying "thank you" means so much more when you look at the person you are thanking, smile and speak clearly.

How many parents include, as fundamentals, discussions about alcohol, tobacco and other drug use? The most common age in our community for young people to begin drinking is 13 or 14. The second most common age is 11 to 12 years old. The greatest number of teens who smoke reported that they started at age 8 or 9. Combine this with the knowledge that attitude precedes behavior by two years, which means that children hold the thought that they will smoke or drink for two years before acting. What does this mean? That parents need to be talking with their children, appropriately and probably much earlier than they realize.

Our children need to hear from us clearly that alcohol, tobacco and other drug use is particularly dangerous for young people whose brains are still developing. Our children should be prepared to respond to offers, because it is likely that the first drink or cigarette will come from someone your child believes is his/her friend. Children need to know that their family has clear no-use rules and expectations for them and that there are consequences for violating the rules. Parents can counteract the media messages that normalize and glamorize substance use, because silence is acceptance. And, of course, our children need us to be good role models.

As parents, we need to talk with our children early and often, encouraging an ongoing dialogue so that we aren't faced with one big, scary, awkward and ineffective diatribe. We don't wait until we see a rotting tooth to tell our children about the importance of brushing and flossing. We shouldn't wait until we think substance use is an issue in a child's life to begin talking about alcohol, tobacco and other drugs.

—Katharine Thompson is the Director for Flathead CARE in Kalispell. She can be reached at 406-751-3706.

Stretched Too Thin: *Homeless Families*

—Kristin Best

Maybe we all carry assumptions about the "typical" homeless person, but the 2006 Survey of the Homeless in Montana, conducted on January 31, revealed 236 homeless children under age 5 in Montana's largest population centers—just over half of the children identified that night. Children living a transient, uncertain lifestyle, whether it is related to generational poverty or a situational experience such as homelessness, are greatly impacted.

During the first year of life, an infant learns to trust his caregiver, to know that he will get his basic human needs met, including being fed when hungry, being kept warm and dry, being nurtured when lonely or fearful. It is crucial that the infant feels connected to a safe, dependable human being. The second year, a child begins to explore his world more. The caregiver must provide a safe, external structure, which becomes the foundation for integrating impulse control and deepening the child's trust for the caregiver. The third year, the child begins to integrate autonomy, independence, and healthy separation from his caregiver. The importance of understanding these developmental milestones is that each provides the foundation for the next developmental stage. If an infant's basic needs are not met during the first years, emotional and cognitive development—as well as interpersonal relationships—are significantly impaired.

Homeless families are in a survival mode, focused on meeting their basic needs of shelter, food and warmth. How then can parents meet the needs of their children if they are unable to meet their own? Simply put, the child's needs may be put on the back burner at critical developmental stages. As a result, children who experience homelessness are frequently developmentally delayed, experience lack of trust of their own caregivers and other adults, while still acting more demanding and needy. They are at increased risk to develop mental health, physical, psychiatric problems and educational delays (as well as behavioral problems in the classroom) that follow them into adulthood. Other problems that may coexist within homeless families include domestic violence, addictions, mental illness and isolation.

This is consistent with what we see in the God's Love Family Transitional Program. Children residing here with their parents are already experiencing a multitude of physical and emotional problems when they enter our program. Oftentimes, there are emotional difficulties related to unstable living situations, exposure to unsafe adults, exposure to parental alcoholism or drug addiction, domestic violence, educational delays, and lack of getting consistent basic needs met, such as food, shelter, and clothing. Poor health is also common: these children seem to have more colds, flu, fever, earaches, and digestive problems than the average child.

Between 1999 and 2005, God's Love Family Transitional Center in Helena became home to a total of 213 children, or an average of 30 children under age 17 each year.

The Family Transition Center helps families identify and address the issues of individual family members as well as those of the family as a whole. The majority of children served qualify for Medicaid or the State Children's Health Insurance Program (SCHIP). They can receive case management, counseling, and medication management for mental health needs through community providers. Parents receive help identifying pediatricians and dentists. God's Love also hosts half-day medical clinics Monday through Friday, sponsored by the Cooperative Health Center. The clinic, which is available to anyone residing at God's Love, is very convenient for parents who need help addressing their children's minor health problems.

Other services available include In-Home Visitors through the Lewis and Clark City County Health Department. This program assigns a social worker to families and pregnant women considered at risk of abuse or neglect. This program is invaluable in helping parents develop insight and understand the developmental needs of their children. In-home visitors also

Continued on Page 11

The National Child Traumatic Stress Network (2005) identifies the following characteristics of homeless children:

1. *Homeless children experience twice the number of sickness. They have twice as many ear infections, four times the rate of asthma, and five times the amount of diarrhea and stomach problems.*

2. *They experience hunger twice as much.*

3. *More than one fifth of homeless preschoolers have emotional problems serious enough to require professional care, though only one third receive any treatment.*

4. *Homeless children are twice as likely to repeat a grade, have twice the rate of learning disabilities and three times the rate of emotional and behavioral problems of non homeless children.*

5. *By the time homeless children reach the age of eight years, one in three has a major mental disorder.*

Stretched Too Thin

Continued from Page 10

provide parenting classes twice a year. Finally, parents are encouraged to get their children involved in the after-school activities that can help them develop healthy social skills and discover healthy physical outlets. Community activities also provide positive opportunities for children to develop self-esteem.

Ruby Payne, in her seminal work, *A Framework for Understanding Poverty*, identifies eight domains that represent key resources. She states that often people living in poverty have access to few of these resources, which include physical health, mental ability, emotional health, financial resources, spirituality, support systems, good relationships and role models, including access to appropriate, supportive adults. Homeless children in particular have very few of these resources, and often are without the means to satisfy their basic human needs of safety, food, shelter and stability. This can snowball into a lifetime of problems, and episodic or continued homelessness even after they become adults.

Meeting survival needs, offering safe opportunities for exploration and nurturing independence are the basic rights of all children. Empowering them is critical in the development of self-esteem. Empowering homeless children teaches them that they matter. This is particularly important in the chaotic life of homeless families, where children's voices may go unheard by parents who are stretched too thin.

—Kristin Best is a case manager at God's Love Transitional Family Center in Helena.

For more information . . .

There is great information on Improving Access to Mainstream Services for People Experiencing Homelessness on the Homeless Policy Academies website. The site shares information materials, technical assistance information and useful links. Visit: www.hrsa.gov/homeless

The Bill of Rights for the Children of Incarcerated Parents

—Mary Jane Standaert, Head Start/State Collaboration Director

Children with incarcerated parents—along with their parents and substitute caregivers—are relatively invisible in our communities. We also know that communities need to offer support to ensure good care for the children and to help get them ready to face life's challenges.

Montana is one of 10 partnering states that will explore incorporating the *Bill of Rights for the Children of Incarcerated Parents* into the policies and protocols of the departments of Corrections, Justice, Health and Human Services and Education to ensure the well-being of children of incarcerated parents. We want to know how systems work now and to learn what can be done to incorporate at least one or two of the "rights" into existing procedures.

A core group, including representatives from child protective services, the Department of Corrections and Head Start, put together a proposal, and Montana was chosen to receive technical assistance around these issues. Dee Ann Newell, recipient of the 2006 Senior Justice Fellowship Award from the Open Society Institute of the Soros Foundation of New York and hosted by the Family and Corrections Network, will provide 14 months of technical assistance to help Montana pursue effective strategies and develop tools to implement the changes supported in the Bill of Rights document. This project is based on successful projects underway in San Francisco and Arkansas.

In Montana we are just beginning. We know there are many others with interest and expertise in this area. We're eager to meet you, listen to you and get your input and involvement. We are inviting those with interest, expertise and a stake in this effort to contact Mary Jane Standaert at 444-0589 or mjstandaert@mt.gov.

The Bill of Rights

To be kept safe and informed at the time of my parent's arrest;

To be heard when decisions are made about me;

To be considered when decisions are made about my parent;

To be well-cared for in my parent's absence;

To speak with, see and touch my parent;

To support as I face my parent's incarceration;

To not be judged, blamed or labeled because my parent is incarcerated; and

To have a lifelong relationship with my parent.

—Nell Bernstein and Gretchen Newby

Child and Family Services 101

—Shirley K. Brown, M.A., J.D., Division Administrator

. . . child abuse casts a shadow the length of a lifetime.
—Herbert Ward

During State Fiscal Year 2006, 1,800 Montana children entered foster care due to abuse, neglect and other serious difficulties within their families. As of June 30, 2006, 2,129 children remained in care. The number of resource families available to provide safe, caring homes for these children has not kept up with need, especially for minority children, older youth, and sibling groups.

The Child and Family Services Division (CFSD) of Montana's Department of Public Health and Human Services provides protective services to abused, neglected, or abandoned children. This involves receiving and investigating reports of child abuse and neglect, helping families stay together or reunite, and finding placements in foster or adoptive homes when necessary. The CFSD has the legal authority to interview the child, make emergency placements if a child cannot safely remain in the home, and take physical or legal custody when ordered to do so by the court.

According to Montana law, the name of persons making the report must remain confidential. Anyone who believes that a child is being abused or neglected may report suspicions to the Hotline, though many professionals who work with children are required by law to report it if they have reasonable cause to suspect abuse or neglect.

Ultimately, the priority is keeping children safe, within the family if possible. If the child cannot safely stay with the family, the next step is to build on family strengths so that the child can be returned. In every case, it's a judgment call and a balancing act between the child's right to be safe and the parent's right to parent. Ultimately, decisions made on behalf of children come down to child safety and what is allowable under statute. Every call is assessed on statutory criteria. If the information in the call gives reasonable cause to suspect abuse, we investigate.

The statutory definition of child abuse or neglect includes actual physical or psychological harm or the *substantial risk* of physical or psychological harm to a child by the acts or omissions of a person responsible for the child's welfare; abandonment; and/or exposing a child or allowing a child to be exposed to the criminal distribution of dangerous drugs, the criminal production or manufacture of dangerous drugs, or the operation of an unlawful clandestine laboratory.

Division policy is to provide protective services to children in their own homes whenever possible. If parents are amenable, social workers can link the family with in-home services, including home management skill training, parent education classes and supervised visitations. Family Group Decision-making Meetings help family members become involved in addressing the care and safety of their children. These meetings bring family, friends, social workers and service providers together to share concerns, knowledge and skills. This strategy can be used to prevent removal, to document a parent's progress after the child is in foster care, and to help identify permanent placements for a child.

To put the issue in perspective, in state fiscal year 2004, there were approximately 27,000 calls to the centralized Child Abuse Hotline. Of these, about 15,000 were entered into the Child and Family Services Division system; around 8,000 required investigation. These calls involved approximately 14,000 children—1,419 were put in out-of-home placement. Recently, the Division started tracking parental drug involvement. Social workers report that approximately 2/3 of their cases involve drug and/or alcohol usage by parents.

The Process

The CFSD operates a toll-free child abuse hotline 24 hours a day, 7 days a week. Centralized intake specialists screen calls, assess the level of risk to children, and prioritize reports of abuse, neglect, and abandonment according to the urgency with which social workers need to respond. Specialists forward reports of suspected child abuse, neglect or abandonment to social workers.

The social worker interviews/observes the child to assess the whether or not s/he can safely remain with the parents. The social worker contacts people who may be able to give more information, and may talk with a child in school or day care or visit with the family. In the case of suspected sexual abuse or when there is serious physical injury, local law enforcement officers frequently take part in the interviews with children.

Will the child be removed from the home? Unless a child is in danger and cannot be protected in the home, the goal is to keep families together. If the child is in immediate danger, the social worker may use the emergency protective services authority provided under Montana law to immediately remove the child. In that case, the child may be placed with the child's non-custodial parent or a member of the extended family, in a licensed foster home, group home or shelter care facility. The federal Indian Child Welfare Act (ICWA) governs state social services and state courts in all foster care and adoption cases involving Indian children.

Temporary Investigative Authority (TIA) is ordered by a judge, and gives CFSD the legal right to conduct an in-depth investigation. A TIA can be ordered for a maximum of 90 days, and does not confer legal custody to CFSD. A Guardian Ad Litem (GAL) and/or Court Appointed Special Advocate (CASA) will be appointed to represent the child whenever the court takes action. In addition, an attorney will be appointed to represent the parents if they do not have the financial resources to retain one. After a TIA is ordered, the social worker will work with the family to resolve the problems that led to removing the child. The family has 90 days to complete requirements listed in the plan. At the end of the 90 days, the judge must

Continued on Page 13

Child & Family Services 101

Continued from Page 12

order Temporary Legal Custody if the child cannot be safely returned to the home.

Temporary Legal Custody (TLC) confers the temporary right and responsibility for the care, custody and control of the child to CFSD. The Court usually orders TLC for six months, but this may be extended for an additional six months if the Court believes that more time is required to complete the treatment plan. Successful completion is necessary for reunification.

A **permanency hearing** must be held no later than 12 months after a Court has found the child to be abused or neglected or 14 months after a child is removed from the home, whichever comes first. At this hearing, a report, including a permanency plan for the child, is submitted to the Court.

Termination of Parental Rights and Permanent Legal Custody: According to state and federal law, if a child has remained in court-ordered out-of-home care for 15 of the past 22 months, the state is required to file for Termination of Parental Rights and Permanent Legal Custody.

Out-of-home placements: If a child is in immediate danger, the child may be placed outside the home, either permanently or temporarily. District court judges must approve all out-of-home placements unless the parent voluntarily agrees to the placement. Under Montana law, voluntary placements are limited to 30 days. At the end of the 30 days, the social worker must either return the child to the parent(s) or file a petition in state district court.

Kinship care involves placing the child with extended family, the clan or tribal members. It provides the child with a safe and nurturing environment while preserving a family connection. When an out-of-home placement is necessary, social workers must first try to place the child with a non-custodial birth parent or a member of the extended family.

Foster care involves placing children in licensed substitute homes. This includes family foster care, group homes, shelter care, and residential facilities. CFSD also licenses specialized family foster homes for children with special needs.

Ideally, the CFSD tries to help improve parents' abilities to care for their children so that children who have been removed from their homes can return as soon as possible. Reunification services including counseling, parental education, in-home services, mentoring, respite care, supervised visits, and transportation are provided. If the Court determines that a child cannot be safely returned to birth or legal parents, a permanency team reviews the child's circumstances and identifies whether adoption, guardianship, placement with a relative, or another living arrangement is the best option.

If a child cannot be reunited with his/her family, adoption is generally the permanency plan of choice because it offers a child a lifetime link to a family. CFSD administers a subsidized adoption program for children with special needs. Guardianship is an alternative when adoption is not considered to be in the best interests of the child. This is a legal relationship that can only be established or dissolved by a court. CFSD also offers a number of services to children between the ages of 16 and 21 who are making the transition from foster care to independent living. Transitional services include housing assistance, counseling, career guidance, education, transportation, money management skills, and financial stipends.

Each step in this process—from the initial report to foster care or adoption—is difficult for everyone involved. The CFSD did a workload measurement study not long ago—it came as no surprise that the Division needs a significant increase in field staff to keep up with the growing caseloads. The workload is enormous, and has increased substantially with the upsurge in methamphetamine abuse and addiction. There are no simple answers.

French novelist Francois Muriac once asked, "*Where does discipline end? Where does cruelty begin? Somewhere between these, thousands of children inhabit a voiceless hell.*" CFSD works hard every day to insure that Montana's children are neither voiceless nor left to endure without hope.

An investigation of child abuse/neglect will result in one of the following determinations:

- *Substantiated: based on evidence, it is more probable than not that the abuse or neglect actually occurred (remember, the definition includes either actual harm or substantial risk of harm);*
- *Indicated: maltreatment has occurred but the perpetrator is not a person legally responsible for the welfare of the child or is unknown;*
- *Unsubstantiated: the social worker is unable to demonstrate by a preponderance of evidence as to whether any abuse or neglect occurred;*
- *Unfounded: there is no reason to suspect abuse/neglect occurred;*
- *Closed Without Finding: the family cannot be located or the investigation cannot be completed.*

To report a possible case of child abuse or neglect, call the statewide toll-free Child Abuse Hotline at 1-866-820-5437. You do not have to investigate before you call—the investigation is conducted by a CFSD social worker. if you have reasonable cause to suspect a child is being abused or neglected, call Centralized Intake and make a report.

Child Abuse Hotline: 1-866-820-5437

Strengthening Families

—Teresa Cowan

Typically, families who need additional supports don't even realize that they lack skills or knowledge. They are simply unaware that the level of parenting they are providing is inadequate. In order to truly understand how this happens, I think back to my own childhood and how my parents set the standard for the parent I am today. I was brought up in a two-parent household. My parents were nurturing and encouraging, and on the few occasions they weren't available to provide supervision for me and my siblings, they made arrangements with one of my aunts, uncles or grandparents to fill in. Overall, I didn't lack for anything as a child and thus the expectation was set that this is how children should be raised. Now don't get me wrong: as a child, I thought all of this was overkill, just as my daughter does now. It was only down the road (as an adult) that I came to appreciate what I'd been given it more than words can express. I know she will, too. At the same time, my experience has helped me appreciate the plight of parents in our community who didn't have the opportunity to grow up with what I did: appropriate and positive role models.

I think it's safe to say that parenting is challenging no matter what your childhood was like. But take a moment to imagine that you had a parent or parents who were less than adequate role models. Imagine that you grew up in a household where you had no supervision, your parent was addicted to drugs or alcohol, or that you were a child victim of domestic violence. How might that affect the way you parent? The truth is, depending on your capacity for resilience, it could have a major impact on how you raise your own children.

Research is showing us children who lack adequate parenting experience a multitude of difficulties, making it nearly impossible for them to raise their children in a productive manner. Following are a few examples of how children can be affected by adverse childhood experiences:

— Children exposed to domestic violence may exhibit immediate and long-term problems with anxiety, depression, anger, self-esteem, aggression, delinquency, interpersonal relationships, and substance abuse [Carlson,1990; Jouriles, Murphy, O'Leary, 1989; Silvern, et al., 1995; Sternberg, et al., 1993] .

— The use of alcohol and drugs by other family members plays a strong role in whether children start using drugs. Parents, grandparents, and older siblings in the home provide models for children to follow [the National Institute on Drug Abuse (NIDA) *April 25, 2005*].

— When children under 13 are regularly left alone, they may be at risk for injuries and developmental problems. More specifically, children in "self care" may be at increased risk for accidents and injuries, for social, behavioral, academic achievement and school adjustment problems. [Child Trends Data, 2003]

This research raises the question of whether we, as a society, place enough importance on *strengthening families*? What are the consequences of not devoting adequate resources toward building, reinforcing and sustaining families? The hard truth is that we pay for it in numerous ways if we fail to provide families with the supports they need. If at-risk families do not receive the education and reinforcements they need to raise their children, we end up financing protective services, foster care, special education, juvenile and adult corrections and psychological services, to name a few. Although the research paints a bleak picture for child outcomes after the fact, we can make the effort to embrace the concept of strengthening families and to improve outcomes for Montana's children.

We have many effective and unique programs across our state that help families change their lives. The Parenting Place in Missoula is one such agency. The Parenting Places uses a personalized, pliable strategy to work with families. The families served come from different backgrounds and cultures, so the services offered must be as individual as the families themselves. Our program offers support and education for parents and their children through home visiting, parenting classes, children's programs and respite care. Backed by research, these long-term services are designed to produce the positive changes needed to strengthen the family. Families may use any combination of services, and rest assured that their needs will be met in a comprehensive manner.

The Parenting Place has been providing services that strengthen Montana families for the last 25 years. Currently, more than 1,500 parents and children walk through our doors each year. These families are affected by some of the most serious issues in our country—poverty and the methamphetamine epidemic are two that come to mind. Montana must continue to find innovative ways to support child-abuse prevention and family strengthening programs. We can offer the tools families need to change their lives for the better. Family support programs take a proactive approach, and work at preventing problems. This is a far more cost-effective approach than any intervention or treatment can ever be .

—Teresa Cowan is the Executive Director of The Parenting Place in Missoula. She can be reached at 728-KIDS (5437) or teresa@parentingplace.net.

Healing at Intermountain

—Mike Kalous

—Wading into a severely traumatized child's emotions takes a heavy toll on the amount of energy a man may have available for any close, inter-personal relationship.

"*Why do you do the work you do?" "I could never do the work you do." "How can you deal with this stuff day after day?"*

I've heard these questions many times in my six years as a counselor for Severely Emotionally Disturbed children at Intermountain. And it's true that working through the stories, pain and inner turmoil of these kids can be difficult to shut off at the end of a day . . . It is also true that far too many children come into the residential system here without having had a significant father relationship. In fact, the relational/developmental philosophy of treatment at Intermountain may be the *only* opportunity many of these children have to experience the benefit of having a "dad."

A male counselor at Intermountain has many opportunities to serve as a positive, corrective, masculine influence on the boys and girls who enter treatment. Many children desire male interaction and seek out that kind of attention. Just recently, we received two boys in treatment. I had an opportunity to roughhouse with one, but did not have time that day to spend equal time with the other boy. The following day he asked, "*How come you don't play with me like that?"* It was obvious from the look on his face that he longed for rough and tumble interactive play with a man. I took the time and he soaked it up!

Moms and dads parent differently. Dads provide the rough and tumble, risk-taking, and fun through adventure and exploration. Dads offer masculine nurture and validation of feelings in ways that moms typically can't or don't. Both boys and girls in this program seek masculine interaction and approval. Some girls also like the rough play, but they also like to feel special to a man.

Sometimes it is difficult to believe the depth of trauma these kids have experienced. At times they may appear to be developmentally age-appropriate, but soon the reasons that brought them to Intermountain become evident. A child will spit, urinate, pinch, hit, bite and kick at a counselor. A child will return hurtful words reflecting his painful experience even in the face of tenderness and care from a counselor. A small child will spew the vilest words and phrases and deliver them with venom and hate if a counselor begins to get too close emotionally. These are the manifestations of a child's inner fear, rage and pain.

Many of the kids in treatment don't know how to relate to an adult authority—particularly a man. In many cases, they attempt to respond in the ways they've learned from disinterested, physically and/or sexually abusive males. Kids who have been abused by males have great fear of being close to men. They may be fearful, closed off; or act flirtatious, provocative and, at times, crudely seductive. Male counselors must be able to tolerate these behaviors and provide corrective guidance in how a child relates to men. Male counselors must also be aware of their own feelings, biases and limitations when working with a child who tries to elicit inappropriate feelings or uses their many defenses to seem unreachable.

Dealing with kids' emergent feelings these kids can be difficult. Intermountain counselors experience and wade through a child's rawest emotions and deepest hidden traumas. It is difficult work. At Intermountain, we have established support groups within each cottage to help staff deal with the feelings that rise from working with these kids. Family Team Dynamics (FTD) offer each cottage's assigned staff a safe place to talk honestly about his or her experiences because working with these kids can tap into our own emotional experiences and even cause us to doubt our responses or our ability to meet a child's needs objectively. This is a necessary part of the work – and certainly not for the weak or timid.

There are times when I have reached my capacity and have had to struggle to maintain sufficient emotional energy to meet the needs of my wife and kids. There are times when I am overcome with gratitude for the life we have together. There are times when I am emotionally empty from having a particularly rough day. My children understand and appreciate that their dad is a "practice dad" for kids in treatment. Most of the time, they don't mind sharing their dad, but it is difficult for them to comprehend the lives of the children who come to live in a treatment center.

Before I became a counselor at Intermountain, I was a Family/Health Advocate with a Head Start program in Washington. During that time, I had the opportunity to research the role of dads. I found many interesting and disturbing facts about fatherhood. The statistics I found served to reinforce the many reasons I have for wanting to do this work. Intermountain is a wonderful and amazing place—for staff and children. The work accomplished here promises a lifetime of reward for wounded children and perhaps for *their* children.

Glendive's Parent Resource Center

—Pete Bruno

While the visions of Parent Resource Centers (PRCs) vary, all PRCs see parenting as hard work that needs to be supported by the community. While some PRCs focus on helping parents improve their kids' success in school, everything we do is geared toward reducing family stress and increasing non-abusive parenting skills.

With the support of our Healthy Communities Coalition, Public Library and Dawson Community College, our weekly parenting classes are full and students are earning college credit. Even so, our policy is open enrollment and continuous classes during the school year. Our training is accessible when parents need the information.

Were you to interview our parents, few would tell you they just completed a child abuse prevention class—but they did. Instead, they would probably tell you that they learned to stay calm, have fun, parent efficiently and raise responsible children—and they did so from one or both of the two curricula we use that teach non-abusive parenting.

Love & Logic Parenting's research finds statistically significant improvement in the ability to stay calm when disciplining and to have fun as a parent. Parents report feeling less stressed and say that they are arguing with their children less. When the same skills were taught to elementary school teachers, schools had a 50 percent reduction in disciplinary referrals, 71 percent more time was spent doing what the teacher wanted to do, 82 percent had more control over discipline, and 87 percent reported gaining more effective tools (Fay, 1997). *Active Parenting's* (AP) research measured children's behaviors and found that AP children had 92 percent cooperative behaviors as compared to a matched non-AP group's 16 percent (Pindar, 1994).

Our vision is even broader. We provide both 'traditional' parenting classes and Mom & Me, Grandparents Raising Grandchildren, Teen Parenting, Parenting Teens and Parenting Bipolar Children programs.

Mom & Me is an every Tuesday morning support group for isolated moms and each month cycles through several bonding activities including reading to kids, teaching a simple craft, learning a new skill such as infant massage, appropriate play activities or meal time skills.

Grandparents Raising Grandchildren follows the Cornell Cooperative Extension Workshop Series and covers role shifts, child development, family rebuilding, discipline, planning the future and working with agencies and schools.

Parenting Teens and Teen Parenting are both AP classes. *Parenting Teens* is a six-lesson class covering parenting styles, the teenage success cycle, solving power struggles, effective discipline, communication and family meetings on difficult issues. *Teen Parenting* is a seven-lesson class that covers pregnancy, breast and bottle feeding, parental feelings, issues affecting babies of various ages up to two years, good food, child proofing, toddlers and discipline, routines, problems, feeling trapped and the future.

Our *Parenting Bipolar Children* (PBC) group is open to anyone parenting a bipolar child of any age. We discuss and apply parenting strategies found in *The Bipolar Child* by the Papolos, *The Ups and Downs of Raising a Bipolar Child* by Fink & Lederman, *Survival Strategies for Parenting Children with Bipolar Disorder* by Lynn, and *If Your Child is Bipolar—a Parent-to-Parent Guide to Living with and Loving a Bipolar Child* by Singer & Gurrentz. This class provides parents with group supports and outside resources, which enable them to cope in the home and community.

We also provide an excellent resource library of books covering all ages and issues of parenting—including special topics from substance abuse to parenting children with disabilities.

Seeing parents get and apply the new skills that reduce family stress provides its own great reward. As one parent worded it, "I'm participating for regaining my sanity."

—Pete Bruno completed his B.A. in Psychology at Brown University and M.Ed. in Counseling and Marriage and Family at MSU Bozeman. He has written four books on family life and abuse prevention/treatment and authored a multimedia program for strengthening marriage. For more information, contact Pete Bruno, Glendive Parent Resource Center , 406-377-7515 – www.weparent.org

Guiding Children to Solve Their Own Problems

Love and Logic Step One: Empathy.

"How sad."
"I bet that hurts."

Love and Logic Step Two: Send the "Power Message."

"What do you think you're going to do?"

Love and Logic Step Three: Offer choices.

"Would you like to hear what other kids have tried?"

At this point, offer a variety of choices that range from bad to good. It's usually best to start out with the poor choices. Each time a choice is offered, go on to step four, forcing the youngster to state the consequence in his/her own words. This means that you will be going back and forth between Love and Logic steps three and four.

Love and Logic Step Four: Have the child state the consequences.

"And how will that work?"

Love and Logic Step Five: Give permission for the child to either solve the problem or not solve the problem.

"Good luck. I hope it works out."

Have no fear. If the child is fortunate enough to make a poor choice, he/she may have a double learning lesson.

—by Jim Fay

For more information, call The Love and Logic Institute, Inc. at (800) 338-4065.

What is Love and Logic?

Adapted from an article by Dr. Charles Fay

Love and Logic is a philosophy for raising and teaching children designed to provide adults with the skills they need to successfully interact with children at home or in the classroom. Love allows children to grow through their mistakes. Logic allows children to live with the consequences of their choices. *Love and Logic* is an approach that offers alternative communication strategies that emphasize respect and dignity. Following are *Love and Logic* tips for teaching kids to handle conflict.

#1: Remember that children learn the most about relationships by observing how we handle ours.

How parents handle conflicts in their marriage is typically how their children will handle conflicts in their friendships and future marriages. What we do in front of our kids is far more powerful than how we tell them to live their lives.

#2: Don't make the mistake of trying to create a conflict-free family.

There's no doubt that kids suffer tremendously when they see their parents yell, argue and fight. It's never helpful for children to witness this type of behavior. It's also unhealthy for kids to see their parents stuff their emotions and try to pretend that nothing is wrong. This sends the unhealthy message that problems are to be avoided rather than solved. Children are incredibly sensitive to unspoken tension, and they suffer great anxiety when their parents try to hide conflicts that need to be addressed.

#3: Have some healthy disagreements or conflicts in front of your kids.

Children need to see their parents disagreeing, expressing their emotions in assertive ways, and tackling conflicts head on. It's healthy for kids to hear parents say things like, "It makes me mad when I try to use the car and it has no gas," or "It's frustrating to me when it doesn't seem like you are listening to me."

#4: Use the lingo of problem-solving and compromise.

Children also need to hear us saying things like, "How can we solve this problem?" "Let's compromise." "I'm sorry that I hurt your feelings" "Here are some possible solutions…"

#5: Use common sense about what you discuss in front of your kids.

Wise parents discuss very sensitive topics only when and their children cannot hear. One mother remarked, "I realize now that my husband and I were actually making it harder for our kids to have happy relationships. By trying to keep all of our disagreements a secret, we were robbing them of opportunities to see how problems can be solved. We were also creating a lot of unspoken tension that was draining the life out of our marriage…I witnessed our six-year-old arguing over a toy. I could hardly stop giggling when I heard him say, 'How can we solve this problem? Let's play something else.' That sure beats the whining contests I used to hear!"

—Dr. Charles Fay is a speaker, parent and school psychologist with the Love and Logic Institute. For more information about Love and Logic parenting and teaching techniques, visit www.loveandlogic.com.

Signs that a child needs help

1. *Any disruptions in first-year-of-life bonding and attachment*
2. *Lack of guilt or genuine remorse for hurting others*
3. *Fire setting and other destructive behavior*
4. *Cruelty to animals*
5. *Chronic arguing with parents, teachers and other authority figures*
6. *Lack of positive friendships with same-age peers*
7. *Hyperactivity*
8. *Perceives self as a victim*
9. *Chronic refusal to do chores*
10. *Hoarding of uneaten food*
11. *Outbursts of severe anger when adults set and enforce limits*
12. *Involuntary defecation and/or urination*
13. *Chronic lying in the face of the obvious*
14. *Suicidal or homicidal statements*
15. *Tobacco and other drug use, as well as association with peers who use these substances*
16. *Obsession that include violent movies, music, video games or internet sites*
17. *Violent, gory, or suicidal content in such things as drawings and school writing assignments*

Adapted from Risk Factors and Behaviors: Signs That a Child and Family Need Help by Dr. Charles Fay, www.loveandlogic.com.

Public Health Home Visiting in Richland County

—Kathy Helmuth, RN

Public Health Home Visiting for at-risk pregnant women and their children as well as children identified as being at risk after birth grew out of two earlier programs: *MIAMI* and *Follow Me*. Montana's Initiative for the Abatement of Mortality in Infants (MIAMI), focused on high-risk pregnant women, and has had legislative and financial support from the state since 1990. *Follow Me* was a program that followed children from birth until the age of five. It was funded primarily with the Maternal Child Health Block grant. Three years ago, these programs converged, continuing services for high-risk pregnant women, but limiting follow-up with children just through their first birthdays.

Richland County had a thriving *Follow Me* program for many years, but had not been a MIAMI site. When the programs merged at the state level, we enthusiastically submitted a proposal and were granted funding. We are now beginning our third year of visiting pregnant women—usually in their homes—and assisting families with identified needs after birth.

While the primary service delivery strategy is home visiting, an important and related activity is developing links with and for the client. Even in situations where we don't do intensive home visiting, we are establishing links. Sometimes we serve as the eyes for the children who are already in the home, to help ensure they are in a safe environment. Providing service in clients' homes can offer us the opportunity to see the reality of their lives. It also provides ample opportunity to role model parenting and other skills. The good news is that we are seeing some real success stories, although the definition of *success* varies with each family.

Our staff remembers one client who came home from a Neonatal Intensive Care Unit in a larger town. I happened to be visiting the woman's neighbor when I learned that she was home. I went next door, and discovered that the baby was out of the specialty formula he needed—a formula that couldn't be found anywhere in Sidney. After several phone calls, a small stash of the correct formula was finally located. The mother was very appreciative, as you can imagine. Did that networking on her behalf make a difference? We like to think so. As it so happened, this woman became the victim of domestic abuse a short time later. She ensured her safety and that of her child by calling law enforcement and leaving the relationship. Perhaps because we had demonstrated that we cared, she felt empowered to do what was necessary.

Another client had several children, and had been diagnosed with gestational diabetes. Although she and her husband both worked and had insurance, they had no extra assistance for the diabetic supplies she needed. We helped them access resources, diabetic supplies, education and support. They now use public health as a link to the continued information and services they need.

Public Health Home Visiting is not without its challenges. The current budget means that our home visitor has just ten hours a week in which to do her job. Confidentiality is always a challenge in our small town—more than once we've found ourselves making multiple stops on the same block. Sometimes though, we use that to our advantage, and learn when someone is in need. In fact, many of our referrals come from current clients who tell us about friends, family members and neighbors who are pregnant . . . and then help bring us together.

Home visiting, starting prenatally after risk has been identified, is an effective prevention tool, with many roads leading to self-defined and directed success for our families.

—Kathy Helmuth, RN, is the Health Assurance Team Leader for the Richland County Health Department. She can be reached at 406-433-2207 or khhealth@richland.org.

Public Health Home Visiting

Historically, visiting in the homes of patients has been a cornerstone of public health nursing. Home visiting provides an opportunity to meet the family on their own ground, giving the family a better sense of control and involvement in identifying and meeting their health needs. For the nurse, visiting in the home provides a much clearer picture of family strengths and needs in an informal, relaxed setting where the nurse is a guest. The Public Health Home Visiting Program (PHHV) expands these services to include a Registered Dietitian and a Licensed Social Worker.

Home visiting in Montana is supported by the Child, Adolescent and Community Health Section of the Department of Public Health and Human Services, which provides financial support, technical assistance, training, resource materials and standards and guidelines for practice and assistance with targeted case management.

For more information and to view Montana home-visiting sites, visit: www.dphhs.mt.gov/PHSD/family-health/home-visiting/home-visiting-index.shtml

Simply the MOST

—Anne Carpenter

Two Department of Public Health and Human Services bureaus—Early Childhood Services and Public Assistance—have come together to offer grant opportunities for programs serving school-age children. The project is in its third year, and funds approximately 75 Montana Out-of-School Time (MOST) grants. Each project can access up to $5,000 per year. MOST project funds are used in every region of Montana.

The purpose of the MOST projects is to strengthen Montana families and promote healthy youth development. An integral element to MOST projects is providing the opportunity to improve or enhance the quality of care, activities, and services to school-age children and their families during out-of-school times. MOST participants provide services intended to improve academic, social competencies, values and physical outcomes for children. Four great examples of what communities are doing with thier MOST funds follow.

The Eureka Afterschool Program offers a safe, fun and productive environment during the high-risk hours between the time school is out and parents get home from work. They teach about nutrition, provide drug, tobacco and alcohol education, and sponsor community service projects. These courses help promote healthy lifestyles and attitudes toward the child's self and community. By achieving their goals to reestablish activities in health, nutrition and family/parent involvement, the program helps create a better school atmosphere, improved attendance, and decreased delinquency.

The Boys and Girls Club of Dawson County in Glendive has expanded their local teen center. The center meets a critical need by providing teens with structured, adult-supervised activities after school. The teen center has developed curricula and learning opportunities, including special classes in quilting, painting, digital arts, drug and alcohol education, sewing, scrap booking and web page design.

The teen center in Sand Coulee provides a safe, supervised place for teens to study and receive help from a certified teacher, hang out with friends and engage in recreational activities. The teen center is open Monday—Thursday, and during home basketball games for junior high students. On an average night, 20-25 students attend the teen center—and attendance is increasing as more students, teachers and parents become involved. One of the collateral benefits is that social barriers within the school diminish when children participate in the center.

In Pablo, the Flathead Reservation Coalition for Kids provides a Family Resource Center. They have a full-time coordinator through the *AmeriCorp* program. Connections with parents and students are increasing, as demonstrated by parents' involvement in literacy and family bonding activities. The Family Resource Center has also been successful in accessing resources, including a facility, food, furniture, prizes and incentives from local businesses. All of these donations have assisted with program development and success, which ultimately reduces alcohol, tobacco, and other drug use among youth and their families.

Successful projects provide a range of high-quality services and extra learning opportunities to school age children. One key element to each MOST project is that the agency must have at least two components present in school-age programs: strong family involvement and links between school and after-school programs. Quality programs actively support and coordinate their programs with schools in ways that support true partnering. This includes shared planning time and fully coordinated use of facilities and resources. The true success of these programs, though, depends on the involvement of families and the community. These projects help working parents by providing a safe environment for their children when school is out. And that's simply one of the MOST important things we can do for families.

For more information on the MOST Program, contact the Early Childhood Services Bureau toll-free at 1-866-239-0458.

Model Programs and Best Practices

Families and Schools Together (FAST) *uses a collaborative, whole family approach, with curriculums for early childhood, elementary and middle schools. There are many family/group activities followed by ongoing monthly meetings. Some of the activities include a family sing-along, structured communication exercises, winning-as-a-family-unit exercises, substance abuse education and development of a school-based parent advisory council of FAST program graduates.*

Family Matters *is a home-based program designed to prevent tobacco and alcohol use in children 12 to 14 years old. This program requires a modest time effort from participants and is suitable for broad dissemination by many types of organizations. Four booklets are successively mailed home to parents along with token participation incentives such as imprinted pencils, buttons, balloons or magnets. After each mailing, health educators telephone parents to encourage them to complete the book and related parent-child activities, and to answer questions. Each booklet contains information based on behavioral science theory and research and includes participant activities.*

To view these and other model programs and best practices, visit: http://casat.unr.edu/bestpractices/alpha-list.php

Parents Who Host Lose the Most

—Tracy Moseman

—It is hard to tell a fish not to get sick when it is swimming in a polluted stream.

We work hard to create healthy physical environments free of the chemicals that cause disease and poor health. It is just as crucial to create a healthy social environment. It is difficult to tell students not to drink when we live in a community where students sometimes seem to have almost as much access to alcohol as they do to milk. The *Youth Connections Coalition* added an environmental alcohol prevention component to begin addressing these issues approximately a year ago.

Since local data supports national trends relative to the number of minors who report gaining access to alcohol through their parents, our community decided it was time to act. Following an early spring incident in which local law enforcement responded to an underage party where a parent was present, media attention drew this issue to public attention. The *Youth Connections Coalition* conducted 142 community interviews, which yielded 100 responses indicating that youth in our community gain access to alcohol either through unmonitored sources in the home or because parents are actually providing the alcohol.

The philosophy behind environmental prevention is to shift from targeting the individual toward altering the environment in which children live.

The *Parents Who Host Lose the Most* media campaign was developed by the Drug Free Action Alliance of Ohio as the beginning step in a multi-year strategic plan to address the issue of parents providing alcohol and/or hosting underage parties. Utilizing local parents, teens, and law enforcement, the Coalition developed and produced television and radio PSAs reminding parents that it is illegal and unhealthy to provide alcohol to minors. The Coalition also produced posters, grocery bag stuffers, and beer cooler decals to visibility publicize the local Crime Stoppers number as a way for the community to report underage parties. The culmination involved a mailing to all parents of graduating seniors in the Helena Public Schools. The packet included information about the legal consequences of hosting underage parties, facts about where minors generally gain access, and a pledge card that parents could sign and return to the Coalition stating that the parent would not provide alcohol to minors during graduation.

The 760 letters sent brought in 133 pledge cards from concerned parents stating that they would not provide alcohol to minors at their graduation parties. We took these names and ran a full-page advertisement in the local newspapers publicizing these names as safe places students could go for graduation parties. This created a form of positive peer pressure in which parents felt compelled to sign the pledge, knowing their names would appear (or *not*) for the whole community to see. Additionally, the project drew attention to many wonderful parents who know it is wrong to host under-age parties. This began changing the perception that "every parent does it."

There were a handful of parents opposed to taking such a public stand. Some parents still feel that they are providing a safe place for underage drinking because they confiscate the keys. This highlights the work that still needs to be done in terms of educating parents that underage drinking has more consequences than drinking and driving issues.

The *Youth Connections Coalition* has created a strategic plan designed to lead to long- term solutions to the issue of parents' provision of alcohol in our community. This fall, additional data will be collected for use in the effort to change social norms and to eliminate the perceived acceptability of underage use.

For more information, please contact Tracy Moseman with the Helena School District at (406) 324-1038 or tmoseman@helena.k12.mt.us.

Kids with Incarcerated Parents

All youth experiencing the loss of a parent go through a grief and loss cycle, but youth with incarcerated parents endure the added burden of stigma. These children are 6-8 times more likely to become involved in delinquency and a criminal lifestyle without meaningful intervention.

Using Title V Prevention block grant funding from the Federal Office of Juvenile Justice and Delinquency Prevention, the Youth Justice Council of the Montana Board of Crime Control recently awarded funding to Cascade and Yellowstone counties to help them intervene with youth who have incarcerated parents.

Beyond the Circle, in Cascade County, provides youth mentors to youth, the annual *Camp Sky Child,* parenting classes for custodial and offender parents, and a Holiday home video at Christmas. Yellowstone County recently implemented a program that targets youth with incarcerated parents who also have mental health and chemical dependency issues. The program provides assessment, referral and treatment. It also provides mentors, pro-social activities and engages families through the Family Group Decision Making process. Referrals are made through the local youth court.

For more information, visit the Montana Board of Crime Control at www.mbcc.mt.gov

Sweet Addiction

—Katy Pezzimenti

Beech Breezer. Midnight Berry. Twista Lime. These sound delicious, don't they? What do they make you think of? A scented candle? Hard candy? A new flavor of lip gloss?

If you guessed any of those, you'd be wrong. These flavors, and many more like them, are tobacco products that have been increasing in popularity for the past several years.

The tobacco industry loses 1,200 American customers every day due to death, forcing them to find new and innovative ways to hook the next generation. In Montana alone, "Big Tobacco" spends almost $50 million in advertising annually. Philip Morris, makers of Marlboro and Virginia Slims, owns an 18,000 acre ranch in Clyde Park where they entertain special guests and thousands of contest winners every year. The list of industry promotions is endless, and candy-flavored tobacco is the latest offense against youth.

The landmark Master Settlement Agreement in 1998 prohibited tobacco companies from marketing to children and doomed cartoon characters like Joe Camel. RJ Reynolds, creator of Joe Camel, now sells cigarettes in youth-friendly flavors like Winter Warm Toffee and Kauai Kolada. It's perfectly legal since tobacco products aren't regulated by the federal government.

Why is the issue of flavored tobacco products such a big deal?

There are lots of reasons. Since 90 percent of tobacco users start before age 18, any product that increases tobacco's appeal to youth is a real danger. Candy-flavored tobacco products also mask the initial harsh reactions experienced by new users, making it easier to start and continue using. Last but not least, the whimsical packaging and flavoring of these cigarettes and chew lead many young people to believe that they are experimenting with a safer product.

How serious is the problem of flavored tobacco products?

In a 2004 survey by the Roswell Park Cancer Institute, 24 percent of 16-17 year old smokers had used flavored cigarettes in the past 30 days, compared to 8 percent of smokers aged 20-25 and 4 percent of smokers over 44. These numbers come as no surprise when looking at the flavoring, packaging and advertising of these products, which are marketed straight at young people.

The tobacco industry has known for decades that sweet products attract young customers. In a 1972 internal document, the Brown and Williamson tobacco company (makers of Kool, Pall Mall and Lucky Strike) states: "It is a well known fact that teenagers like sweet products. Honey might be considered [as an additive to cigarettes]." In 1993, Lorillard Tobacco (makers of Newport and Kent), said, "Growing interest in new flavor sensations (i.e. soft drinks, snack foods) among younger adult consumers may indicate new opportunities for enhanced flavored tobacco products." And in a 1994 Wall Street Journal article, a US Smokeless Tobacco executive was quoted as saying, "Cherry Skoal is for someone who likes the taste of candy, if you know what I'm saying."

So what is being done?

Several state attorneys general have sued tobacco companies for violating the state settlement's prohibition on targeting kids, and tobacco prevention programs across the country have developed educational initiatives to spread the word about this issue.

For now, the best avenue is education on the local level. Get the word out! Educate principals, community members, and the media about these blatant attempts by the tobacco industry to hook our kids. There are so many resources and photos online you can use to help. Link up with your local tobacco prevention specialist, or, if you're a teen, join your peers in *reACT! Against Corporate Tobacco* to take action. You can make a difference!

reACT! Against Corporate Tobacco is Montana's first youth-led movement against the tobacco industry. For more information on reACT, or to get a teen involved, visit the Montana Tobacco Use Prevention Program's website at *www.tobaccofree.mt.gov*, or contact Katy Pezzimenti, Youth Empowerment Coordinator at: *kpezzimenti@mt.gov* or 406-444-7896.

Secondhand Smoke: Risks to Children

- *Infants and young children whose parents smoke are among the most seriously affected by exposure to secondhand smoke, which puts them at increased risk of lower respiratory tract infections such as pneumonia and bronchitis.*
- *Children exposed to secondhand smoke are more likely to have reduced lung function and symptoms of respiratory irritation like cough, excess phlegm, and wheezing.*
- *Passive smoking can lead to buildup of fluid in the middle ear, the most common cause of child hospitalization for an operation.*
- *Asthmatic children are especially at risk. EPA estimates that exposure to secondhand smoke increases the number of episodes and severity of symptoms in hundreds of thousands of asthmatic children. Additionally, passive smoking may also cause thousands of non-asthmatic children to develop the condition each year.*

What parents can do to reduce the health risks of passive smoking in the home:

- *Don't smoke in your house or permit others to do so.*
- *If a family member insists on smoking indoors, increase ventilation in the area where smoking takes place.*
- *Do not smoke if children are present, particularly infants and toddlers.*

For more information, visit www.epa.gov/smokefree/pubs/etsbro.html

A Voice for Children and Families

—Bette Hall-Munger

—Vision: *Every child in Montana is entitled to the opportunity to be raised in a healthy emotional, physical, and spiritual environment.* —Healthy Mothers, Healthy Babies vision

In support of its mission to promote the safety, health and wellbeing of Montana's children and families, Healthy Mothers, Healthy Babies, *The Montana Coalition*, has been advocating for Montana's children and families since 1984. In order to stay true to its mission and vision, Healthy Mothers, Healthy Babies (HMHB) supports a number of programs.

Montana Safe Kids, Safe Communities is a statewide public education and outreach effort that includes 16 coalitions. The aim is to reduce traffic injuries by educating communities about the dangers of impaired driving and the importance of child and adult passenger safety.

Montana Covering Kids: In partnership with DPHHS, HMHB joined the Back-to-School CHIP enrollment drive to encourage parents of uninsured children to enroll in the CHIP Program. Parents who had health coverage as a top priority on their back-to-school checklists were helping prepare their children for a successful school year. This project is supported by a grant from the Robert Wood Johnson Foundation.

Safe Routes to School: HMHB provides coordination and support to the Montana Department of Transportation to promote this new program. Preventing obesity by promoting walking and biking to school is one of many messages delivered through this program, which also promotes new and improved bikeways, paths, trails and safety measures within two miles of designated elementary schools.

Montana Children's Trust Fund: Through a new partnership with DPHHS, Child and Family Services Division, HMHB provides technical assistance to agencies that offer parent education and other supportive services to at-risk families. These efforts are designed to help prevent child abuse and/or neglect. This 14-member primary prevention network works to strengthen and support families by increasing protective factors and reducing risk factors. Common risk factors encountered include mental health and substance abuse issues, family violence, teen pregnancy, single parents raising small children, socioeconomic barriers, disability and homelessness. The majority of the programs provide respite, social connections and referrals. The primary goal is parental education with an emphasis on child development. Regular classes use a research-based curriculum. The goals of these programs include increasing: family strength and stability; parental confidence and parenting abilities; and the safety, health, permanency and well-being of children and families in Montana.

Safe Sleep for Babies: Sudden Infant Death Syndrome (SIDS) is a grave concern, especially among infants born to families struggling with multiple social and economic issues. Through a private/public partnership between local public health departments and Toys 'R Us, home visiting nurses identify families in need of safe cribs. HMHB orders the cribs, which are delivered to the public health nurse who made the request. These cribs are then taken to the families who need them.

The HMHB Clearinghouse maintains informational materials related to maternal child health, child safety, CHIP, Medicaid eligibility, and nutrition, to name a few. These are available to the public through a hotline: 1-800-421-6667. HMHB receives and answers calls covering a wide range of topics, and responds by making community referrals.

For more information, contact HMHB Executive Director Bette Hall-Munger at 449-8611 or visit them on the web at www.hmhb-mt.org.

Ten Benefits of Frequent Family Dinners

The more often children and teens eat dinner with their families, the less likely they are to smoke, drink or use drugs. Compared to kids who have fewer than three family dinners per week, children and teens who have frequent family dinners are:

1. At 70% lower risk for substance abuse;

2. Half as likely to try cigarettes;

3. Half as likely to be daily cigarette smokers;

4. Half as likely to try marijuana;

5. One third less likely to try alcohol;

6. Half as likely to get drunk monthly;

7. Likelier to get better grades in school;

8. Less likely to have friends who drink alcohol and use marijuana;

9. Likelier to have parents who take responsibility for teen drug use; and

10. Almost 40% likelier to say future drug use will never happen.

Source: The National Center on Addiction & Substance Abuse at Columbia University: www.casacolumbia.org

Governor Brian Schweitzer: *On Stregthening Montana*

On October 30, 2006, Governor Brian Schweitzer reaffirmed his commitment to the Warm Hearts Warm Homes Montana Program—1,400 homes around Montana will be partially weatherized in November. The homes will be weatherized by Montana Conservation Corps workers, in partnership with local Human Resource Development Council (HRDC) weatherization programs. "Montanans have a can do spirit in time of need," said Governor Schweitzer "The upcoming winter season with the significant increase in the cost of energy is rapidly approaching a crisis for many of our less fortunate neighbors. By making Montanans' homes more energy efficient, there will be a lasting impact on these families and bring them hope that they will be warm during the cold."

The program aims to help address the energy affordability gap and targets the Low Income Energy Assistance Program (LIEAP) priority list.

LIEAP has a waiting list of nearly 17,000 homes that need to be weatherized. Crews are currently working on reservations and others will be working in Montana cities across the state. The number of homes to be weatherized has increased significantly from last year and includes all seven reservations. Last year, more than 600 homes in 79 communities were weatherized through the program.

Volunteers are welcome to help continue this effort. Safety is always a priority, so volunteers need to work with HRDCs, utilities, LIEAP, and skilled crafts persons to make sure that they are not jeopardizing the health of anyone as they tighten up the house. The focus is on low-cost or no-cost weatherization steps such as window wraps, water heater blankets, CFL light bulbs, and storm window installation.

Partners in the program include: Governor Brian Schweitzer, Montana Conservation Corps, Human Resource Development Councils (HRDC), Montana State University's Extension Service, Department of Public Health and Human Services LIEAP program and the Department of Environmental Quality. Utilities and businesses have been donating weatherization kits to assist volunteers. Northwestern Energy contributed $50,000, and $50,000 was generated by the Montana Dakota Utilities' Universal Services Benefit charge.

If you want to join in on this venture, please call Linda Carlson in Governor Brian Schweitzer's office at 444-2573.

Staying Warm

The Human and Community Services Division of the Department of Public Health and Human Services offers two programs aimed at helping low-income households reduce their heating costs. *The Weatherization Program* helps participants improve the heating efficiency of their homes and reduce energy consumption. The Low Income Energy Assistance Program (LIEAP) pays part of winter heating bills for eligible people. Most utilities also offer LIEAP recipients discounts on their bills.

Eligibility for weatherization and fuel assistance is based on assets and household income of no more than 150 percent of the federal poverty level. Both homeowners and renters may apply for these programs. Households solely receiving benefits from Supplemental Security Income (SSI) or the Temporary Assistance to Needy Families (TANF) program may qualify automatically for weatherization or fuel assistance.

Applications for weatherization assistance are taken year round, and applications for fuel bill assistance are taken from October 1 through April 30**.** Approved weatherization applications are ranked according to energy burden. Special priority is given to older adults and disabled individuals. Once approved, an energy auditor will schedule an appointment with the applicant, and will determine the most cost-effective weatherization measures for the home. These measures might include a furnace tune-up, caulking, client education, insulation, weather-stripping, storm windows, replacement of broken glass, or repair of exterior doors. When a household has been approved for fuel bill assistance (LIEAP), the payment amount is figured according to household income, the size and type of home, and the kind and cost of fuel. Most often, payments are made directly to the utility company or fuel supplier.

For more information, contact the Montana Citizen's Advocate, toll-free, at 1-800-332-2272 or visit www.dphhs.mt.gov/programsservices/energyassistance.

Helping Families

The Human and Community Services Division (HCSD) of the Department of Public Health and Human Services supports the strengths of families and communities by promoting employment and providing assistance to help families and individuals meet their basic needs and work their way out of poverty. The HCSD oversees a number of programs and services designed to meet that mission, including Temporary Assistance to Needy Families (TANF), Food Stamps, LIEAP, Weatherization, the Child and Adult Food Program and the Head Start Collaboration. This Division also includes the Montana Early Childhood Services Bureau, with programs that support a broad array of early childhood services. These programs combine to provide Montana's young children with the best beginning possible. Link to these and other programs of the HCSD: www.dphhs.mt.gov/hcsd/.

The Last Word

—Joan Cassidy, Chief, Chemical Dependency Bureau

Addiction—whether to alcohol, drugs or a combination of substances—is a parenting and family issue, whether the use is by the parent or by the child. If left untreated, substance abuse can lead to the destruction of an individual's life and hope, devastation of the family, or, ultimately, death. Since the early days of Alcoholics Anonymous in the late 1930s, we have looked upon substance abuse as a disease. The American Medical Association formally recognized alcoholism as a disease in 1956.

Only in the past 10 years have we finally identified the organic nature of the disease. Alan Leshner, past director of the National Institute on Drug Abuse, calls addiction the "hijacking of the brain." What starts as voluntary behavior becomes an involuntary compulsion. The evidence is in brain scans of addicts, which show dramatically how the brain is affected by addiction.

Different intoxicating chemicals each produce a different high. But the underlying mechanism that produces addiction is the same. The natural reward system of the brain is hijacked. Just as we now have a better idea of the biological nature of addiction, we have a better idea of what is involved in effective treatment.

The underlying treatment strategy is to get the person off drugs, help the person learn how to handle the triggers that lead to drug use, help the person return to society and become a productive member of the community. Over the last ten years, we've learned ways to improve our success.

Success in drug treatment, like success in any other undertaking, depends on working the plan. You can't recover from any disease if you don't follow the course of treatment. Human brains can take up to two years to recover from the damage caused by an addiction. We know this because of the evidence found in brain scans taken over a long period of time.

While we are talking about brains and addiction, let's talk about the unique challenges faced by adolescents who begin using intoxicating chemicals. We once thought the human brain was basically formed by about age 6. Now we know that's not the case. The human brain undergoes a dramatic transformation beginning at about age 12 and continuing well into the 20s. This transformation, like all aspects of human behavior, has a biochemical component. Because of the biochemical nature of this change, intoxicating chemicals are especially toxic to adolescents.

My message is this: chemical dependency is treatable. People do recover. Like any other chronic disease, it takes time and effort. Like any other chronic disease, recovery means following the prescribed course of treatment. Part of the process of recovery may include an occasional relapse, and one size does not fit all. The course of treatment for an alcoholic is different than that for someone addicted to marijuana or methamphetamine. We know more today about how to treat addiction effectively because we know more about the nature of addiction. And that is very good news for families.

For more information on addiction and recovery, visit the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services online at www.dphhs.mt.gov/amdd/ or call 406-444-3964.

CSAP Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

*A joint publication of the **Prevention Resource Center** and the **Addictive and Mental Disorders Division***

MONTANA Department of Public Health & Human Services

2,500 copies of this public document were published at an estimated cost of $2.98 per copy, for a total cost of $7,460.00, which includes $3,460.00 for production and printing and $4,000.00 for distribution.

Montana Prevention Resource Center
P.O. Box 4210
Helena, MT 59604

**PRSPT
STD RATE
U.S. Postage
Paid
Permit No. 246
Helena, MT**

Change Service Requested